

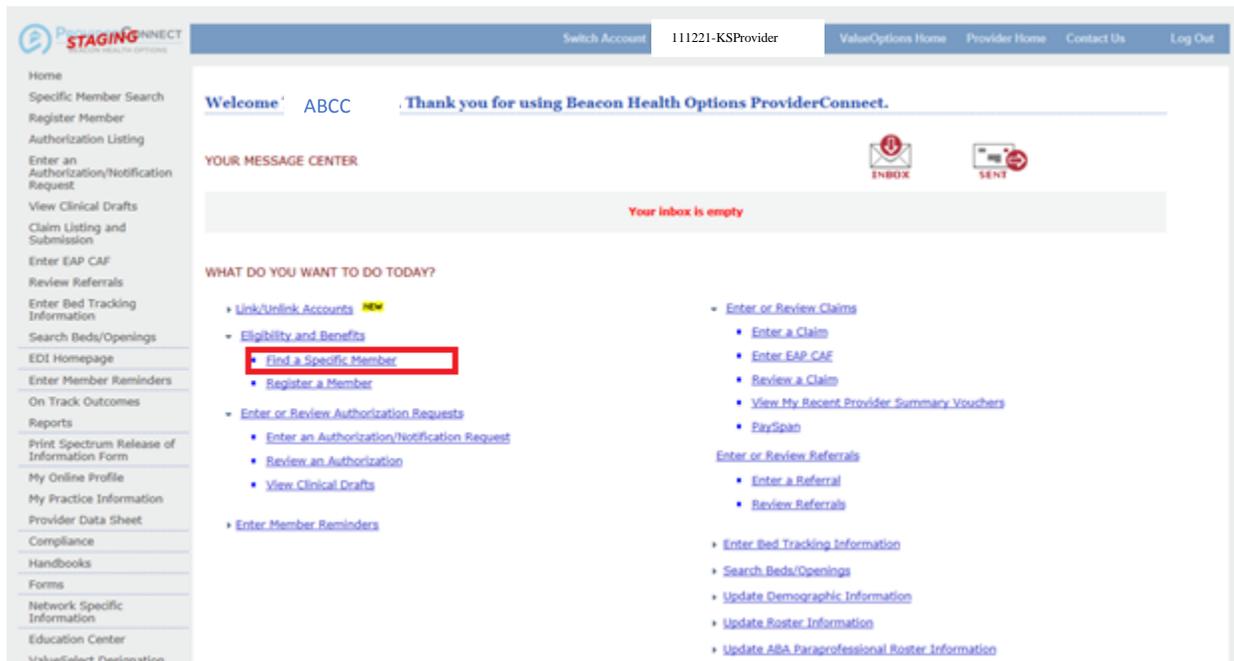
## New ProviderConnect based alternative faxed request process

ProviderConnect can be accessed at [kansas.beaconhealthoptions.com/providers/](https://kansas.beaconhealthoptions.com/providers/) or you can simply google "ProviderConnect"

Following are screenshots of the provider registration process in ProviderConnect

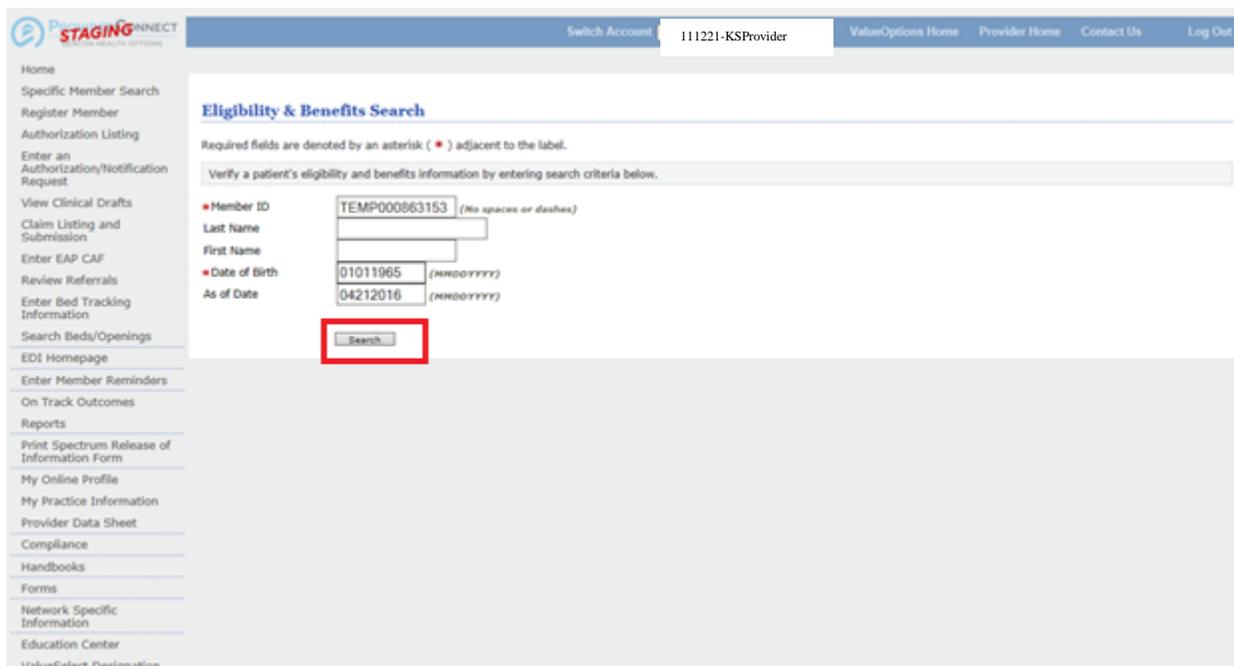
The following screenshots walk a provider through submitting an inquiry.

1: The provider clicks on Find specific Member



The screenshot shows the ProviderConnect dashboard for a provider. The top navigation bar includes "Switch Account", "111221-KSProvider", "ValueOptions Home", "Provider Home", "Contact Us", and "Log Out". The main content area displays a welcome message for "ABCC" and a message center with an empty inbox. Under the heading "WHAT DO YOU WANT TO DO TODAY?", there are two columns of links. The link "Find a Specific Member" is highlighted with a red rectangular box. Other links include "Link/Unlink Accounts", "Eligibility and Benefits", "Register a Member", "Enter or Review Claims", "Enter or Review Referrals", "Enter Bed Tracking Information", "Search Beds/Openings", "Update Demographic Information", "Update Roster Information", and "Update ABA Paraprofessional Roster Information".

2: The provider enters the member ID and Date of Birth. **If they do not have the member ID use the member's Social Security Number as an alternate ID.** The Provider clicks search.



The screenshot shows the "Eligibility & Benefits Search" form in ProviderConnect. The form includes a search bar and several input fields. The "Member ID" field contains "TEMP000863153" with a note "(No spaces or dashes)". The "Date of Birth" field contains "01011965" with a note "(MMDDYYYY)". The "As of Date" field contains "04212016" with a note "(MMDDYYYY)". The "Search" button is highlighted with a red rectangular box. The form also includes fields for "Last Name" and "First Name".

3: On the Member information page the provider clicks on Send Inquiry

The screenshot shows the 'Member' information page in ProviderConnect. The page is titled 'Demographics' and includes tabs for 'Enrollment History', 'COB', 'Benefits', and 'Additional Information'. A warning message at the top states: 'Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.' The member's details are as follows:

| Member            |  | Eligibility        |            |
|-------------------|--|--------------------|------------|
| Member ID         | TEMP000063153                              | Effective Date     | 01/01/2012 |
| Alternate ID      |  | Expiration Date    |            |
| Member Name       | MEMBER, TEMP                               | COB Effective Date |            |
| Date of Birth     | 01/01/1965                                 |                    |            |
| Address           | 1234 WEST NO WHERE LN<br>WICHITA, KS 67201 |                    |            |
| Alternate Address |  |                    |            |
| Marital Status    | -  |                    |            |
| Home Phone        | 316-123-4567                               |                    |            |
| Work Phone        |  |                    |            |
| Relationship      | 1  |                    |            |
| Gender            | M - Male                                   |                    |            |

Member Participates in Message Center Communication with Providers? No

Buttons available: View Member Auths, View Member Claims, View Empire Claims, View QH-BMP Claims, Enter Auth/Notification Request, Enter Claim, **Send Inquiry** (highlighted), View Clinical Drafts, Enter Member Reminders, View Spectrum Record, Disable Member Communication.

4: This is the inquiry page. The provider will need to provide the name of the person they want us to contact if we have questions. They will also need to provide any applicable information they need us to know in the text box provided. Finally, the provider needs to attach the release of information and faxed request form by clicking Attach a Document.

The screenshot shows the 'Customer Service Inquiry' page. It includes a navigation menu on the left and a main content area. The main content area has a header 'Customer Service Inquiry' and a sub-header 'Current Member'. The member information is as follows:

|                 |               |
|-----------------|---------------|
| Member ID       | TEMP000063153 |
| Effective Date  | 01/01/2012    |
| Expiration Date |               |
| Member Name     | MEMBER, TEMP  |
| Alternate ID    |               |
| Date of Birth   | 01/01/1965    |
| Client          | KANSAS        |

Below the member information is the 'Contact Details' section. It includes fields for 'Provider ID' (111221-KSProvider), 'Provider Name' (ABCC), and 'Contact Name (if other than provider)'. A text area is provided for the inquiry, with a note: 'State your reason for the inquiry.' Below the text area, it says 'Maximum characters: 1900' and 'You have 1900 characters left.' At the bottom of the page, there is a red box around the 'Attach a Document' button and a 'Submit' button.

5: Providers will select “Document containing Clinical Information about Members” from the “Type of document you are attaching” pull down menu and click upload file

**Contact Details**

Provider ID: 111221-KSProvider  
Provider Name: ABCC  
Contact Name (if other than provider): Bob Heart

State your reason for the inquiry:  
I am requesting 3.3 please send Fax, ROI and Faxed request for attached  
-Bob

Maximum characters: 1900  
You have 1820 characters left.

**Attach a Document**

Complete the form below to attach a document with this Inquiry.

**If this is an Authorization Request, it must be initiated by clicking the 'Enter an Authorization Request' link.**

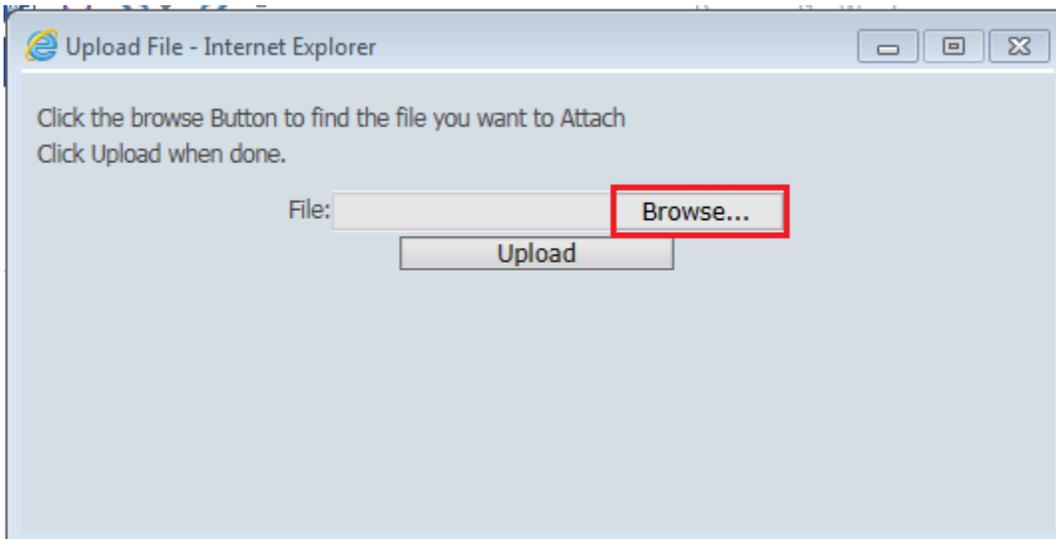
\*Document Type: Type of Document you are attaching... **Document Containing Clinical Information about Member**

\*Document Description: Document Containing Clinical Information about Member

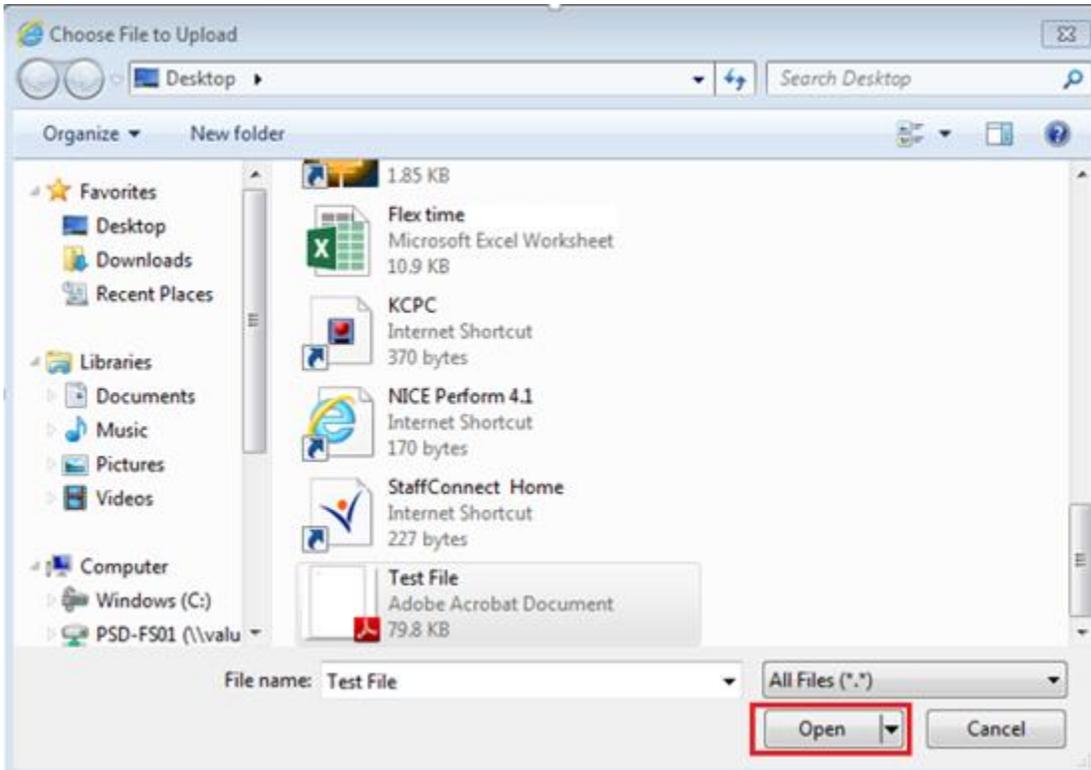
Attached Document: **UploadFile** | Attach a document | Delete | Click to delete an attached document

Submit

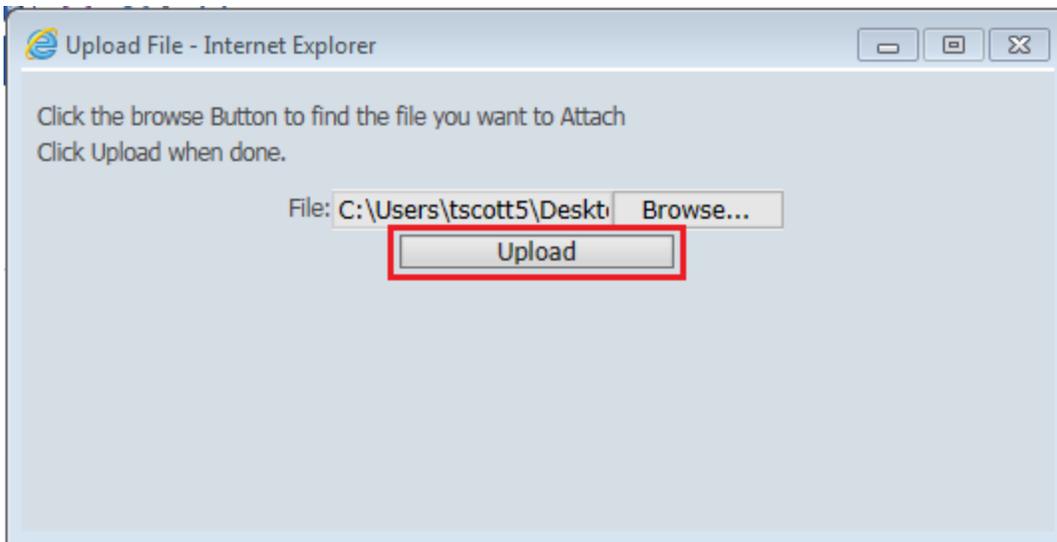
6: A standard upload file window will pop up. The provider will need to find the file they want to attach by clicking Browse.



7: Once the provider has located the file to be uploaded they will click it so that the name of the file populates in the File Name field. The provider then clicks Open



8: The standard upload file window reappear with the file path populated in the File field. The provider then clicks Upload.



9: The provider will verify that they have successfully uploaded the intended document and click Submit.

**Contact Details**

Provider ID: 111221-KSProvider  
Provider Name: ABCC  
Contact Name (if other than provider): Bob Heart

\*State your reason for the inquiry:  
I am requesting 3.3 please send Fax, ROI and Faxed request for attached  
-Bob

Maximum characters: 1900  
You have 1820 characters left.

**•Attach a Document**

Complete the form below to attach a document with this Inquiry.  
**If this is an Authorization Request, it must be initiated by clicking the 'Enter an Authorization Request' link.**

\*Document Type: Type of Document you are attaching... **Document Containing Clinical Information about Member**

\*Document Description: Document Containing Clinical Information about Member

Uploadfile Click to attach a document Delete Click to delete an attached document

Attached Document:  
 (Test File.pdf) - Document Containing Clinical Information about Member

Submit

10: ProviderConnect will generate an inquiry number that is unique. The provider will click Home

**Customer Service Inquiry**

Thank you for your inquiry. Your request is important to us and will be investigated by a customer service professional. Once our investigation is complete, you will receive a response in your Message Center Inbox within 5 business days.

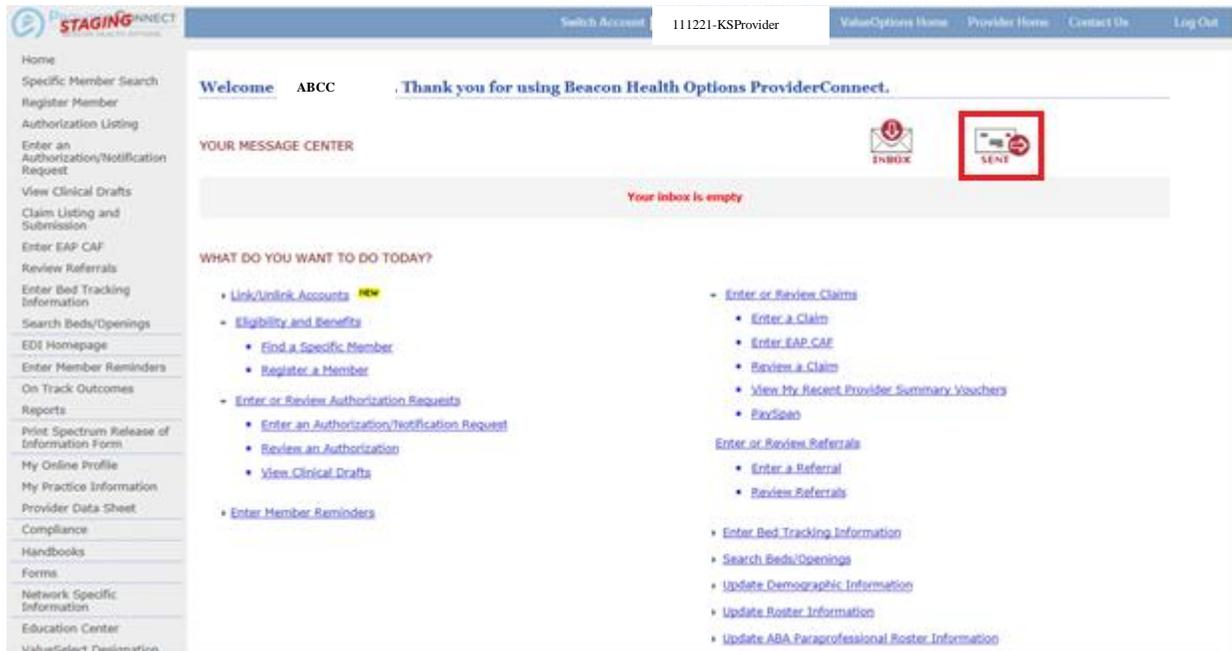
Your Inquiry Number is: **04212016-1112656-030000**

Your Email notification setting is 'ON'. Click [here](#) to update.

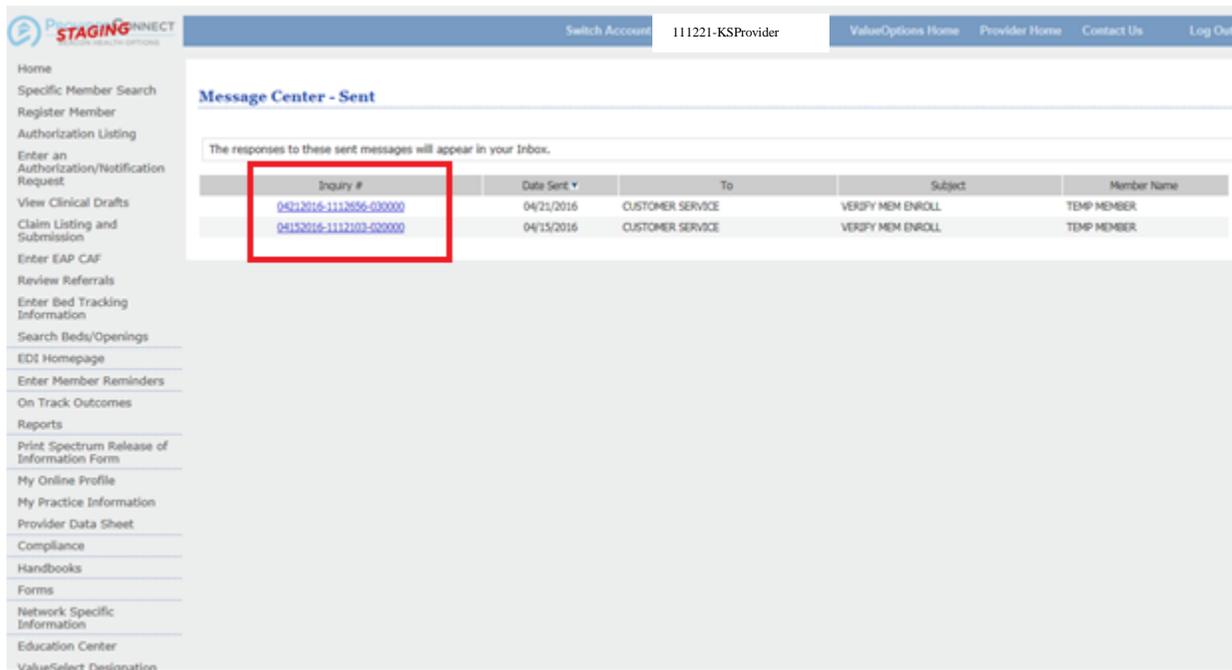
Home

Specific Member Search  
Register Member  
Authorization Listing  
Enter an Authorization/Notification Request  
View Clinical Drafts  
Claim Listing and Submission  
Enter EAP CAF  
Review Referrals  
Enter Bed Tracking Information  
Search Beds/Openings  
EDI Homepage  
Enter Member Reminders  
On Track Outcomes  
Reports  
Print Spectrum Release of Information Form  
My Online Profile  
My Practice Information  
Provider Data Sheet  
Compliance  
Handbooks  
Forms  
Network Specific Information  
Education Center  
ValueSelect Destination

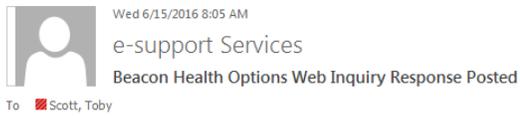
11: Whenever the provider returns to their home screen they can click on Sent in order to view all sent inquiries.



12: The Message Center – Sent screen shows providers all the inquiries they have sent. They can view each inquiry in future.



13: The provider receives and email that their inquiry has been responded to.



We have responded to your web generated inquiry. Please visit us at <http://kansas.beaconhealthoptions.com/providers/> and log in to our secure site to view our response.

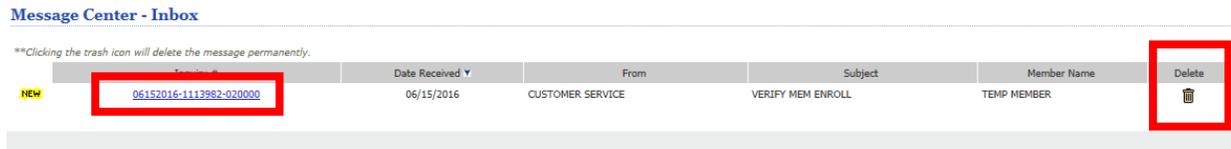
Regards,  
Beacon Health Options

Please do not respond to sender as this mailbox is not monitored.

14: When the provider logs into ProviderConnect they will see a notification of a new message. To view the message they will click on their Inbox.



15: Inside their Inbox the provider will see a list of returned inquiries. New messages have the word “new” highlighted to the side. To view the message the click on the inquiry number. When finished with the message the provider has the option to delete the message by clicking the trash can



16: The new message contains both the original message from the provider and the response from Clinical. The Provider needs to review the response from the Clinician as it may contain important information regarding the status of a request, need for additional information, or additional instructions for next steps.

### Message Center - Inquiry Details

Your Inquiry Details

|                       |                         |                 |                   |
|-----------------------|-------------------------|-----------------|-------------------|
| <b>Date Received:</b> | 06-15-2016              | <b>From:</b>    | CUSTOMER SERVICE  |
| <b>Inquiry #:</b>     | 06152016-1113982-020000 | <b>Subject:</b> | VERIFY MEM ENROLL |
| <b>Member Name:</b>   | TEMP MEMBER             |                 |                   |

**Inquiry Message:**

THE MIRROR INC - 06152016 - 08:41:00 ET-----  
Member Name:TEMP MEMBER  
Provider ID:111221  
Contact Name Entered by User: [Bob Heart] sending test faxed request

CUSTOMER SERVICE - 06152016 - 08:43:45 ET-----  
Member Name: TEMP MEMBER  
Provider ID:111221  
Sending test reply  
Referral #:

Click 'Yes' to Reply to the Customer Service response, or 'No' to create a new Inquiry Yes  No

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17: The provider can respond back to a Clinician by clicking the “yes” radial button. This opens a text box that the provider can enter information into. Once finished, the provider clicks submit.

### Message Center - Inquiry Details

Your Inquiry Details

|                       |                         |                 |                   |
|-----------------------|-------------------------|-----------------|-------------------|
| <b>Date Received:</b> | 06-15-2016              | <b>From:</b>    | CUSTOMER SERVICE  |
| <b>Inquiry #:</b>     | 06152016-1113982-020000 | <b>Subject:</b> | VERIFY MEM ENROLL |
| <b>Member Name:</b>   | TEMP MEMBER             |                 |                   |

**Inquiry Message:**

THE MIRROR INC - 06152016 - 08:41:00 ET-----  
Member Name:TEMP MEMBER  
Provider ID: 111221  
Contact Name Entered by User: [Bob Heart] sending test faxed request

CUSTOMER SERVICE - 06152016 - 08:43:45 ET-----  
Member Name: TEMP MEMBER  
Provider ID: 111221  
Sending test reply  
Referral #:

Click 'Yes' to Reply to the Customer Service response, or 'No' to create a new Inquiry Yes  No

Maximum characters: 2000  Submit

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